

<i>SERFF Tracking Number:</i>	<i>MUTM-125750187</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39758</i>
<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC6845_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC6845_AR</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-125750187 State: ArkansasLH

Advertising - UC6845_AR

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 39758

Standard Plans

Sub-TOI: MS051.001 Plan A

Co Tr Num: KAREN HOWLAND

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Karen Howland

Disposition Date: 08/07/2008

Date Submitted: 07/28/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: UC6845_AR

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/07/2008

State Status Changed: 08/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

UC6845_AR

SERFF Tracking Number: MUTM-125750187 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39758
Company Tracking Number: KAREN HOWLAND
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC6845_AR
Project Name/Number: Medicare Supplement Advertising/UC6845_AR

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any wording printed in brackets be considered variable. We would like to file them in this variable format so we would not have to file them year after year due to changes in the amounts. The variables will be amounts for the new co-pays and deductibles set up by Medicare. These variables will change each year when the new co-payments and deductibles go into effect. Other than those variables, there will not be any other changes to the advertisements in the following year(s). If there is a change to the verbiage, we will re-file the advertisement when needed.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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Company and Contact

Filing Contact Information

Mike Trebold, Product & Advertising Compliance Consultant	mike.trebold@mutualofomaha.com
Regulatory Affairs	(402) 351-2654 [Phone]
Omaha, NE 68175	(402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(402) 351-6420 ext. [Phone]

CoCode: 69868
Group Code: 261
Group Name:
FEIN Number: 47

State of Domicile: Nebraska
Company Type: Life Insurance
State ID Number:

Filing Fees

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$25.00	07/28/2008	21627317

SERFF Tracking Number:	MUTM-125750187	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	39758
Company Tracking Number:	KAREN HOWLAND		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - UC6845_AR		
Project Name/Number:	Medicare Supplement Advertising/UC6845_AR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	08/07/2008	08/07/2008

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<i>Company Tracking Number:</i>	<i>KAREN HOWLAND</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC6845_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC6845_AR</i>		

Disposition

Disposition Date: 08/07/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125750187 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39758
Company Tracking Number: KAREN HOWLAND
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC6845_AR
Project Name/Number: Medicare Supplement Advertising/UC6845_AR

Item Type	Item Name	Item Status	Public Access
Form	Brochure	Filed	Yes

SERFF Tracking Number:	MUTM-125750187	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	39758
Company Tracking Number:	KAREN HOWLAND		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - UC6845_AR		
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Form Schedule

Lead Form Number: UC6845_AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UC6845_A R	Advertising	Brochure	Initial			UC6845_AR.pdf

2009 Medicare Supplement Insurance Plans



Spontaneous. Fun. Fearless.

Whether you're six or sixty-something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling. You can be confident that your Medicare supplement benefits will be paid as promised.

Add our friendly personal customer service and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

We've got you covered.

Go play!

Choose the Medicare Supplement Plan That Meets Your Needs

Services and Supplies

	Medicare Pays	Medicare Supplement Plan A Pays	Medicare Supplement Plan F Pays	Medicare Supplement Plan G Pays
Medicare Part A Hospital Coverage				
Deductible _____	Nothing _____		[\$1,024] _____	[\$1,024] _____
First 60 days _____	100% _____			
Coinsurance _____ 61-90 days	All but [\$256] a day	[\$256] a day	[\$256] a day	[\$256] a day
Coinsurance _____ 91-150 days (Lifetime Reserve)	All but [\$512] a day	[\$512] a day	[\$512] a day	[\$512] a day
Extended Hospital Coverage _____ (up to an additional 365 days in your lifetime)	Nothing _____	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood _____	All but three pints	Three pints _____	Three pints _____	Three pints _____
Skilled Nursing Facility Care				
First 20 days _____	100% _____			
Coinsurance _____ 21-100 days	All but [\$128] a day		Up to [\$128] a day	Up to [\$128] a day
Medicare Part B Physician's Services and Supplies				
Deductible _____	Nothing _____		[\$135] _____	
Coinsurance _____	80% _____	20% _____	20% _____	20% _____
Excess Benefits _____			100% _____ up to Medicare's limit	80% _____ up to Medicare's limit
Benefit for Blood _____	All but three pints	Three pints _____	Three pints _____	Three pints _____
Additional Benefits*				
Emergency Care Received _____ Outside the U.S.			80% to lifetime max of \$50,000	80% to lifetime max of \$50,000
At-home Recovery Visits _____				\$1,600

Your Premium Your Premium Your Premium

* Refer to the next page and your outline
of coverage for more information.

\$ _____ \$ _____ \$ _____

Your Medicare Supplement Benefits

Medicare Part A Hospital Coverage

Deductible — Plans F and G pay the [\$1,024] inpatient hospital deductible for each benefit period.

First 60 Days — After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance — Plans A, F and G pay [\$256] a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive [\$512] a day for each Lifetime Reserve day used.

Extended Hospital Coverage — When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F and G pay the Medicare Part A eligible expenses for hospitalization at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

Skilled Nursing Facility Care

First 20 Days — Medicare pays all eligible expenses.

Coinsurance — Plans F and G pay up to [\$128] a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Medicare Part B Physician's Services and Supplies

Deductible — Plan F pays the [\$135] calendar-year deductible.

Coinsurance — After the Medicare Part B deductible, Plans A, F and G pay 20% of eligible expenses for physician's services, and supplies, physical and speech therapy, and ambulance service.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits — Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F pays 100% and Plan G pays 80% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

Additional Benefits

Emergency Care Received Outside the U.S. — After you pay a \$250 calendar-year deductible, Plans F and G pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.

At-home Recovery Visits — Plan G pays for seven visits a week, up to \$40 a visit up to a maximum of \$1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

The Facts About Your Plan

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges above what Medicare and United of Omaha pay.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

As Medicare deductibles and coinsurance increase, your Medicare supplement benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

Your policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on your application.

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.

You are covered immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

Your United of Omaha Medicare supplement insurance policy will not pay for:

- any expense incurred before your Policy Date
- services for which no charge is made when there is no insurance
- expense paid for by Medicare

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, **please read your outline of coverage and your policy.**

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed nationwide except in NY.

This is a solicitation of insurance and an insurance agent will contact you by telephone.



Medicare supplement insurance is underwritten by
UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza
Omaha, Nebraska 68175
mutualofomaha.com

Policy Form UM1 Plan A
Policy Form UM4 Plan F
Policy Form UM5 Plan G

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Rate Information

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